

EXPORT-IMPORT BANK OF THE UNITED STATES

NOTICE OF CLAIM AND PROOF OF LOSS EXPORT CREDIT INSURANCE UMBRELLA POLICY

Please send this completed form to :
Export-Import Bank of the U.S., Claims & Recoveries Division
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: _____

Claim No.: _____

SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

| | |
|--|---|
| A.1 Administrator Contact: Phone: _____ Fax: _____ | A.5 Buyer Contact: _____ Fax: _____ Phone: _____ Telex: _____ |
| A.2 Insured Contact: Phone: _____ Fax: _____ | A.6 Overseas Sales Agent <input type="checkbox"/> None Contact: _____ Fax: _____ Phone: _____ Telex: _____ |
| A.3 Assignee <input type="checkbox"/> None Contact: Phone: _____ Fax: _____ | A.7 Exporter Contact: _____ Fax: _____ Phone: _____ |
| A.4 Broker <input type="checkbox"/> None Contact: Phone: _____ Fax: _____ | A.8 Manufacturer Contact: _____ Fax: _____ Phone: _____ |

SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D; ☐ E; ☐ F; ☐ G; ☐ H;
2. the amount claimed is presently owing by the buyer;
3. the buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing;
4. it has not granted any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the buyer;
5. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.

Name: _____

Title: _____

Date: _____

Signature: _____

SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval. All claim calculations will be supplied for your acceptance prior to making payment. Please include corporate seal and notarization for the release.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured;

AND WHEREAS, the Insured has filed the claim referenced on this proof of loss;

NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows:

In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim.

AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer or Issuing Bank under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

IN WITNESS WHEREOF, the Insured has caused this instrument to be sealed this _____ day of _____, 19____.

(Name of Insured)

By:_____

(Seal)

Attest:_____
Secretary

State of _____)
County of _____) } SS:

I, _____ a notary public in _____ and for the aforesaid County and State, do hereby certify that on this day, before me personally came _____ to me known, who, being duly sworn, did depose and say that he is the _____ of _____, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto by like order.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, 19____.

Notary Public

(Seal)

SECTION D. POLICY INFORMATION

| | |
|--------------------------------|------------------------|
| Policy No.: _____ | SBCL Amount: _____ |
| Original Effective Date: _____ | Effective Date: _____ |
| Date of Assignment: _____ | Endorsement No.: _____ |

SECTION E. CLAIM INFORMATION

| | |
|-------------------------------------|--|
| Date(s) Shipped: | Policy Provision Claimed Under Article 2: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4 <input type="checkbox"/> Risk 5 |
| Terms of Sale: | |
| First Default Date: | Special Conditions if Applicable: <input type="checkbox"/> Security Interest |
| Product(s): | <input type="checkbox"/> Guarantors Name(s) _____ _____ _____ |
| Foreign Content Percentage: _____ % | <input type="checkbox"/> Other _____ |

SECTION F. CLAIM DOCUMENTATION

The documentation listed below is normally required for all claims. If a document does not apply to your transaction, indicate "Not Applicable". To avoid processing delays, please provide all applicable items or explain why an item is not enclosed in the space provided below:

ALL CLAIMS - Please check "Enclosed" if the document is enclosed or "Not Applicable" if the document is not applicable to your transaction:

- | | | |
|--|-----------------------------------|---|
| 1. Promissory Note (copies) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 2. Draft (copies) | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 3. Purchase Order | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 4. Contract of Sale | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 5. Invoice | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 6. Bill of Lading | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 7. Other Evidence of Shipment | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 8. Evidence of Collection | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 9. Buyer's Acknowledgement of Receipt | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 10. Evidence of U.S. Origin | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 11. Acceptance Advice | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 12. Nonpayment Advice | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 13. Ledger | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 14. Other Insurance | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 15. Overdue Report | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 16. Special Conditions as indicated in Section E | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

SECTION G. SCHEDULE OF SHIPMENTS

All outstanding insured shipments made to the buyer must be scheduled and included with this claim whether or not a shipment is presently eligible for coverage. For example, if there are two insured invoices outstanding to a buyer and only one is eligible for claim filing, the second invoice should be included as part of this claim filing. For each shipment, attach and group the invoice, bill of lading, debt instrument, contract debt registration and any related documents. The bill of lading date is the date of shipment for purposes of this schedule.

If shipments were made in more than one policy year please complete a separate schedule G for each policy year.

Policy Year _____ to _____
 Month Day Year Month Day Year

| ALL CLAIMS | | | | | | | TRANSFER RISK ONLY | | | | |
|----------------|---------------|----------------------|--------------|-------------|------------------|-------------------|--------------------|-------------------|-------------------------|----|--------------------|
| Invoice Number | Shipment Date | Gross Invoice Amount | Credit Terms | Due Date(s) | Partial Payments | Shipment Reported | Date of Deposit | Amount of Deposit | Deposit Within 90 Days? | | Name of Depository |
| | | | | | | | | | Yes | No | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

Total Gross Invoice: _____

Are there any uninsured amounts with this buyer? ☐ Yes ☐ No

If so, please indicate how much \$ _____

Why are these shipments uninsured? _____

SECTION H. CALCULATION OF ELIGIBLE LOSS

| | |
|---|-----------------------------|
| Total gross invoice value of all shipments: | \$ _____ |
| (+) Plus interest at _____ to maturity dates: (contract rate) | _____ |
| (+) Plus interest at _____ from maturity date to 180 days after maturity date: (contract rate) | _____ |
| | |
| (-) Minus | |
| a. Total buyer payments: | (_____) |
| b. Other credits, discounts and allowances: | (_____) |
| c. Funds received from any other source: | (_____) |
| d. Savings because of nonpayment of agent's commission: | (_____) |
| Net Loss: | \$ _____ |
| Net Loss x Coverage _____ % | \$ _____ (eligible loss) |